

Ethics & Complementary Therapies

MEETING MOTHERS WHERE THEY'RE AT:

*Ethical guidelines when talking about
complementary and alternative
therapies*

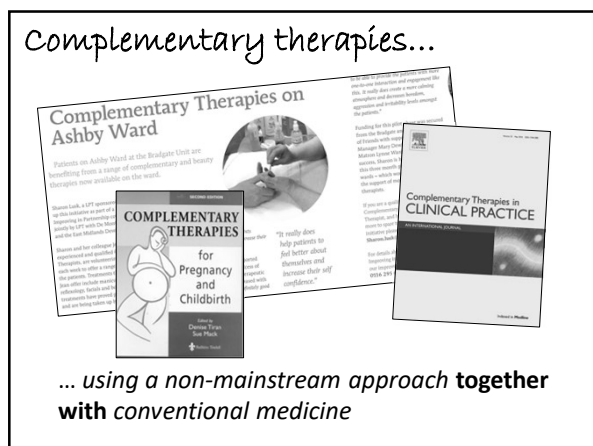
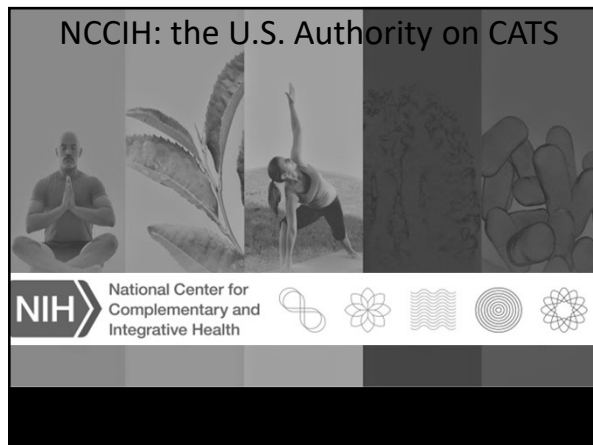
*Disclosure: I receive author royalties.
No other financial or other conflicting interests*

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Overview:

- Defining Complementary vs Alternative Therapies
- What mothers or LCs are doing, and why
- Key ethical principles
- Examining Our Professional Literature
- Applying evidence-based practice to CATs
- Respecting autonomy: Mothers speak out
- Meeting the needs of mothers

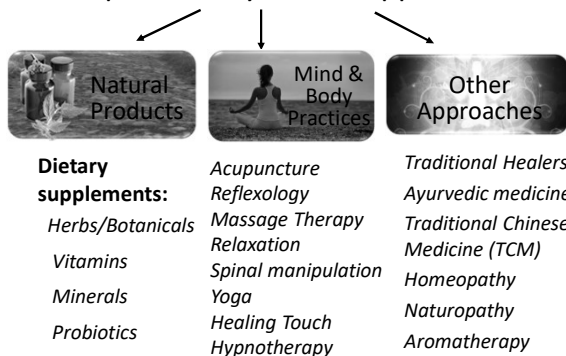


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Who determines what is “mainstream?”

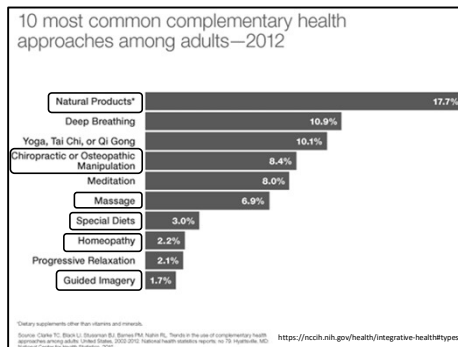


“Complementary Health Approaches”



<https://nccih.nih.gov/health/integrative-health#types>

CAMs are increasing in popularity and acceptance!



Domains and dimensions influencing decision-making regarding the use of galactagogues



Zizzo, Amir, Moore, Graskewiak & Rumbold (2021). The risk-risk trade-off: Understanding factors that influence women's decision to use substances to boost breast milk supply. *PLoS One*.

Mothers often are looking for whatever will work



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Perceived as safer than pharmaceuticals

NATURAL REMEDIES THAT EVERY PARENT SHOULD KNOW

how to detox your medicine cabinet

Courtesy of ThrivePrimal.com

"Patients who get treated with CAM therapies report less serious side effects which is one of the most important motives for consulting a CAM practitioner..." Teichfischer



Where do mothers turn for recommendations?

48% influenced by prior personal experience	27% by GPs	43% by family and friends
19% by midwives	21% by obstetricians <small>Courtesy of Allegheny Health</small>	22% by

Survey of 1835 pregnant Australian women *Frawley 2014*

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MOBI
Motherhood International

Insufficient Glandular Tissue? Insulin Resistance?
Thyroid Issues? PCOS? Breast Feeding After Reductions?
Latch Difficulties? Unknown Supply Issues?
Low Milk Supply Support

california | nevada
tongue tie & lip tie support

california Tongue Tie & Lip Tie S...

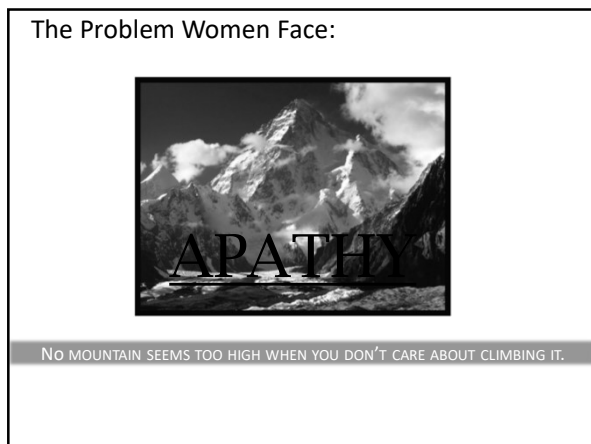
Join Group




The Problem Women Face:

APATHY

No MOUNTAIN SEEMS TOO HIGH WHEN YOU DON'T CARE ABOUT CLIMBING IT.

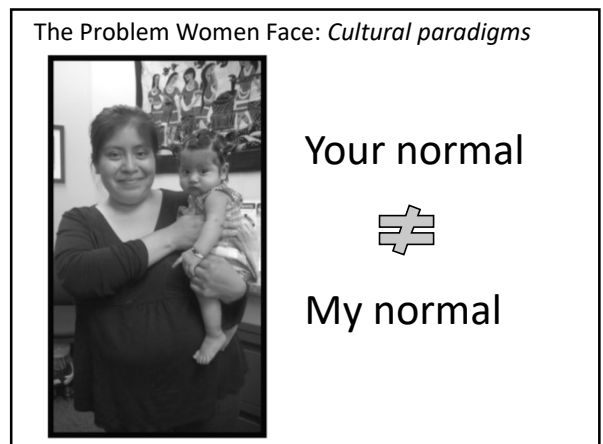


The Problem Women Face: Cultural paradigms

Your normal

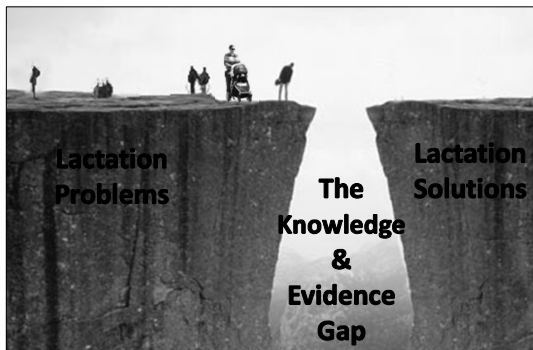
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My normal



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The Problem Women Face: *The Info Gap*



Examining the Ethics of CATs

Normative ethics approach:

- ✓ Analyze problem, practice, policies
- ✓ Concerned with creating norms for clinical practice

Examining the Ethics of CATs

Role of Politics in power and ethics standards

Who writes the code?

Who determines what's in and what's out?

- ✓ The professional assoc
- ✓ Those most politically active
- ✓ Personal Bias



Three Normative Approaches:

Utilitarian



Three Normative Approaches:

Deontological



Emphasizes the right action without context; always tells the truth.

Three Normative Approaches:

Feminist Theory



Takes into account social situation & analyzes who has the power in a given context.

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Example... Mother using relief bottles of formula and wants to know if it's okay...



Which lens do you see things through?

Utilitarian Response:

Can rationalize towards a good outcome... don't want to worry mother, so don't say too much

Deontological response:

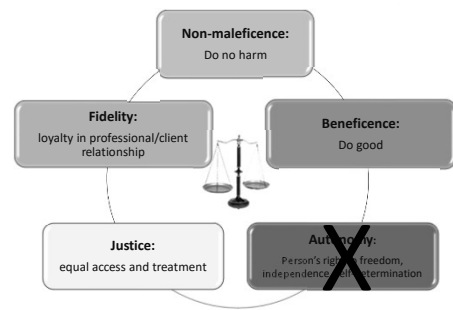
Offer an honest description of the problems with formula- always tell the truth

Feminist Response:

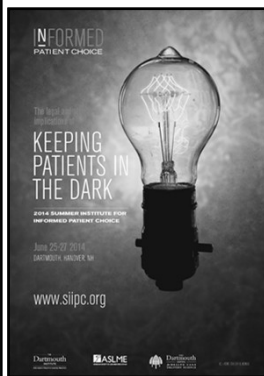
Formula companies have the power and influence; politics sabotage breastfeeding, so tell the truth

Arnold, L., & Caldwell Blair, A. (2007). Unit 12/Ethical Practice for Lactation Care Providers. Lactation Consultant Series. La Leche League International.

Five Key Ethical Principles



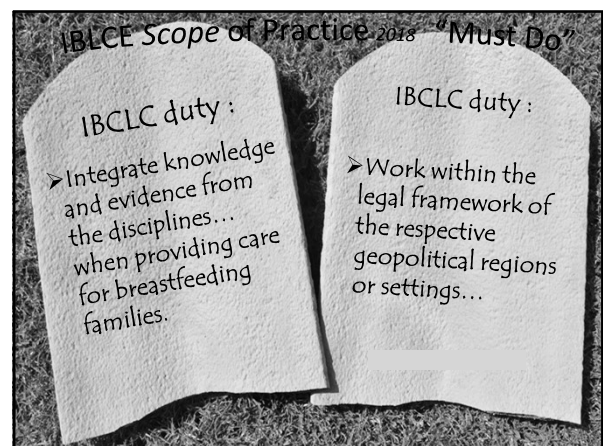
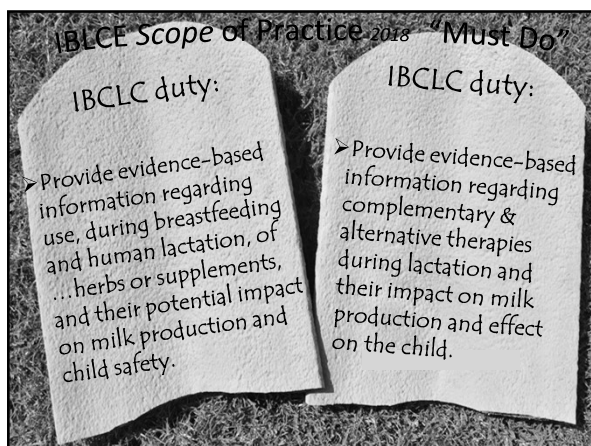
The Problem Women Face: *Paternalism*



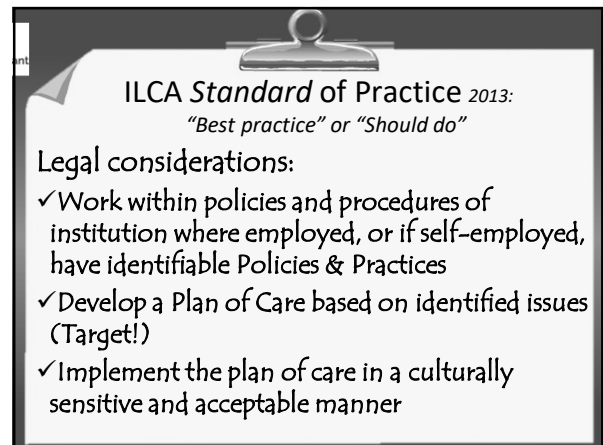
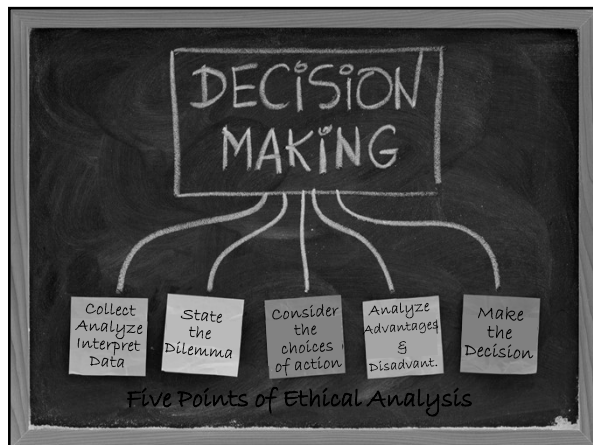
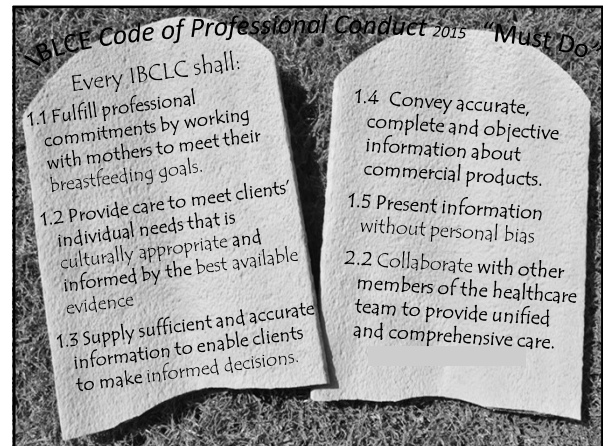
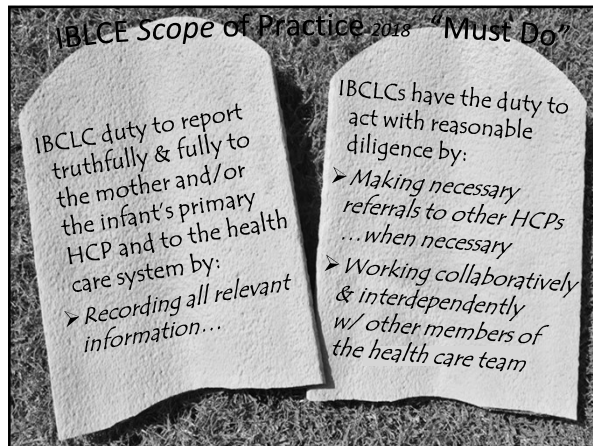
Autonomy: a person's right to freedom, independence, self-determination; foundational to informed consent

Paternalism makes the decision for her, may withhold options because "we know best." Violates autonomy by controlling choice

So how does our profession apply these principles?



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The Bottom Line

- ✓ Utilizing evidence-based methods as best practice
- ✓ Fair presentation of information
- ✓ Respecting the mother's autonomy, goals, cultural beliefs

Sackett 2000 Evidence Levels

- 1A: Systematic Review of RCTs
- 1B: RCTs with narrow CI
- 1C: All or none case series
- 2A: System Review cohort studies
- 2B: Cohort Study/Low Quality RCT
- 2C: Outcomes Research
- 3A: Systematic Review of Case-controlled studies
- 3B: Case-controlled study
- 4: Case series, Poor cohort case controlled
- 5: Expert Opinion

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What it's NOT...

- Is NOT restricted to randomised trials and meta-analyses.. *If no RCT has been carried out for our patient's predicament, we must follow the trail to the next best external evidence and work from there*
- Is NOT "cookbook" practice... *it is the clinician's expertise that decides what evidence applies to the individual and if/how it should be integrated into a clinical decision*

Sackett D, et al 1996. Evidence-based medicine: What It Is and What It Isn't

Evidence and Evidence-based practice: Is there a conflict?

- EBP must be aimed at the patient's best interest
- But... much "evidence" is only for a particular cohort under particular circumstances
- Bias in what gets published- effective censorship
- EBP is often used inappropriately
- EBP meant to be a memory-jogger, but has tended to become a straight-jacket

Loewy 2007, Medscape

Evidence issues for CAM



- ✓ Tends to be spottier and weaker
- ✓ Individualized therapies cannot be tested as RCTs..
- ✓ Often doesn't meet The Gold Standard

Director of Nat'l Institute for Clinical excellence in Britain:
RCTs should not be the form of evidence used to decide a therapy's validity in all cases Whitmarsh 2012

<http://herbalintegrity.com/pages/about-us/>

Evidence issues for CAM: The Catch 22 dilemma



Teichfischer, P. (2012). Ethical implications of the increasing use of complementary and alternative medicine. *Forsch Komplementmed*, 19(6), 311-318. doi: 10.1159/000346001

Evidence issues:

Lack of \$profitability and/or interest in research



Example:



in action

Patent idea from early 2000's:

"The present invention provides for a method of increasing bovine milk production as well as a method of correcting certain human lactation abnormalities."

What happened to the product?

"I don't see much- probably none-commercial potential in the human lactation market because of the high cost of developing anything that is scientifically validated."

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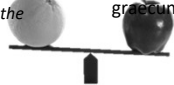
Reporting the evidence::

Who are the reviewers and can we trust them?

Jackson, P. C. (2010). Complementary and Alternative Methods of Increasing Breast Milk Supply for Lactating Mothers of Infants in the NICU. *Neonatal Network: The Journal of Neonatal Nursing*, 29(4), 225-230.

Jackson summary of Damanik article regarding fenugreek: "In another study comparing fenugreek, torbangun and a control group, fenugreek was shown to have the lowest effect on milk production. In fact, the control group in this study had greater improvements in breast milk production than did the fenugreek group...."

Fact from Damanik article: "Fenugreek capsules at a dosage of one capsule three times daily were given to subjects of the Fenugreek Group. One capsule of the Fenugreek contains 600 mg powder of the *Trigonella foenum graecum* Lour seed."



What are we supposed to do?



The Evidence-based Medicine Triad
Source: Florida State University, College of Medicine.

Risk: The big question

"Our modern society has become increasingly concerned with understanding, calculating, managing, reducing or eliminating the risks associated with everyday life, and it is within this context that pregnant and breastfeeding women have a social and moral responsibility to manage risk. The perceived risk/benefit balance of prescribed and OTC medicine, as well as complementary therapies will significantly impact on an individual's decision..."

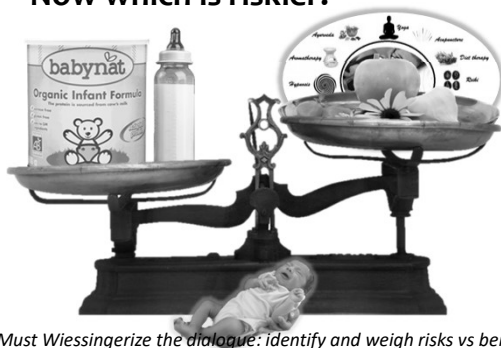
McDonald, K., Amir, L. H., & Davey, M. A. (2011). Maternal bodies and medicines: a commentary on risk and decision-making of pregnant and breastfeeding women and health professionals. *BMC Public Health*, 11 Suppl 5, S5.



Which is riskier?



Now which is riskier?



Must Wiessingerize the dialogue: identify and weigh risks vs benefits

What's Your Paradigm?



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Sage observation on Risk:

"Lyerly and colleagues suggest that 'It is the physician's obligation not to eliminate risk, but to help patients weigh risk, benefit, and potential harm, informed by best scientific evidence and guided by a patient-centered ethic'"



"...we need to be aware that the focus of medicine use is generally about risks. We need to balance evidence of danger with reassuring evidence."

McDonald, K., Amir, L. H., & Davey, M. A. (2011). Maternal bodies and medicines: a commentary on risk and decision-making of pregnant and breastfeeding women and health professionals. *BMC Public Health*, 11 Suppl 5, S5.

Ethical Analysis

DILEMMA: Who do you answer to?

-You may or may not be conflicted

-Who should guide the mother?

Are there institutional or HCP restrictions on what can be used? *Must work carefully within framework of mother's HCPs*

What is mother's comfort and philosophy regarding medications or herbs?



COMMUNICATION SKILLS:

SUBJECTIVE ASSESSMENT

OBJECTIVE ASSESSMENT

Source: United States Breastfeeding Committee

Getting to know the mother



Subjective assessment: Beliefs...



What does the mother *believe* the problem is?

Subjective assessment: Cultural background & Orientation in health care



Less likely to disclose the use of herbs
- Green 2017

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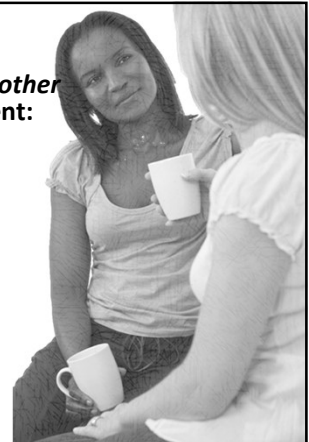
Subjective assessment: Cultural background & Orientation in health care

My Caucasian clients
Frequently more
open to alternatives



Getting to know the mother Objective assessment:

- ☐ What health strategies does she already incorporate into her life?



Objective Assessment : What has she tried so far?



How effective were her strategies?

Objective Assessment: Providing Feed back



Clinical Objective Assessment

What is the root problem?

- ✓ Is there an evidence-based strategy for it?
- ✓ What is the likelihood that this will resolve the problem?
- ✓ What is the likelihood the mother will follow through on the EB strategy?



Keep your target in mind



What does the CAT address that standard therapy may have not?

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When is it appropriate to suggest CATs?

- ✗ Standard therapy does not adequately address the problem
- ✗ Negative reaction to standard approach
- ✗ Mother asks about other options
- ✗ Known viable option
- ✗ Clinician experience suggests alternative may be beneficial

Prioritize Options



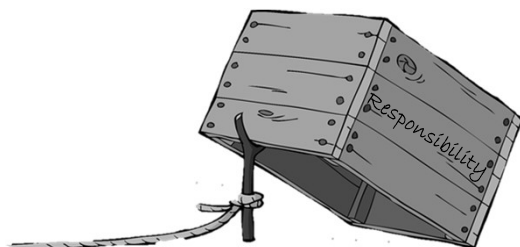
Broaching the topic



Broaching the topic



Play it smart



Avoid the trap: Explain rationale for each approach

Broaching the topic

How about a simple "Have you looked into other therapies or have something else in mind you want to try?" Asking a mother is opening the door to more honest communication.

- Rebecca

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What mothers want when they tell you what they're doing...



What are you hoping for if you tell your LC (or MD, for that matter) that you're doing an "alternative" therapy?

"That they either have knowledge of them, or at least not immediately shun the idea. I am fortunate that my PCP freely admits she doesn't know much about such things & doesn't question my use of them-she just wants to know the dosage I'm taking and how often." -Stephanie

When the Mother broaches the topic

"I think the biggest turn-off for moms is having a professional who is resistant to alternative therapies if the mom has a mind to use them. It is just as easy to admit you may be skeptical, and you wish the mom well with trying anything that might help her breastfeed her baby, and you can't wait to hear how things are going."

- Stacie



When the Mother broaches the topic

What if the LC doesn't know much about complementary therapies? What if you [the mother] knows more than she does?

"The number one thing mothers want ... is honesty and humility. If you don't know, be honest enough to say so and then humble enough to do the research with us. Be a team. Finding optimal care should not have to include midnight internet searches with the horribly all too accurate advice to go over your doctors head because they have been absolutely worthless so far." - Rebecca

- Honest acknowledgment
- Educate/Research

What mothers want

"About who brings up what, I realize the importance of evidence-based information, and I realize there is a lack of this in the areas of things like CST, chiro, Bowen, etc. Where to draw the line? It is hard to say. I have a real issue with trying to control the resources a mother is offered, though. So even though it is hard to say, "Here is the compelling evidence that shows how this particular bodywork can help..." - Stacie



What mothers want

...I believe there still are ways to offer this information to mothers without discrediting yourself as a professional. For example, are there any published articles you can offer a mom that come from a professional journal affiliated with your field? How do other professionals offer these suggestions and what works for them?"

- Stacie



Resources: Literature



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Building Your Referral List



Colleague
recommendations
Mother recommendations

Feedback on referrals
Cold calls- Phone/meetings
with candidates

Prescribing...

another key issue of controversy

Common usage

-- *to designate or order the use of as a remedy*

Legal [for medicine] definition

- a direction, usually written, by the physician to a pharmacist for the preparation and use of a medicine or remedy.
- An act of prescribing drugs sold only upon medical prescription... vs OTC sold legally without an MD Rx
- Britannica: The sale and supply of drugs unsafe for self-medication are limited to a doctor's order or prescription.

Legalities and Responsibilities:
*It's all in the
approach*

- Do your homework & know your stuff
- Be sure to have a good history to work from *before* developing/presenting options!
- Remember that new mothers are vulnerable
- Apply the standards of fair representation and informed consent
- Avoid paternalism: Provide a balanced presentation of potential risks vs benefits, & be aware of personal bias!

Professional communication

Refer and report as appropriate

Charting and documentation

Health Care Provider Reports
How you say it is everything!

Carving out our future... *We need to*

- ☐ Pick up the mantle and educate ourselves
- ☐ Develop rationales & protocols for choices
- ☐ Promote and conduct research
- ☐ Keep records of any adverse effects
- ☐ Embrace this knowledge, develop expertise, and own it as part of our practice base



Summary:



- Above all else, *we must respect the mother's autonomy and right to information*
- Active listening as you get to know the mother will help you understand her needs
- Mothers would prefer our help rather than having to go to less expert sources
- Mothers value honest answers and respect for their preferences
- If you don't know the answer, there are resources for you and/or the mother!